

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-17-2005 90003 022 ***150.00
P04000148163

FILED

05 JUL 11 PM 3:05

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P04000148163

1. Entity Name
BODY SPA II PRODUCTS INC



Principal Place of Business
3127 W HALLANDALE BEACH BLVD #104
PEMBROKE PARK, FL 33009

Mailing Address
3127 W HALLANDALE BEACH BLVD #104
PEMBROKE PARK, FL 33009

2. Principal Place of Business
3127 W. Hallandale
Suite, Apt. #, etc.
Bch Blvd. Suite # 104

3. Mailing Address
P.O. Box 398522
Suite, Apt. #, etc.

05202005 Chg-P CR2E034 (10/03)

City & State
Pembroke Park - FL
Zip
33009

City & State
Mia Bch - FL
Zip
33239

4. FEI Number ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELINI, CHRIS
888 BRICKELL KEY DR
#605
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Chris Angelini (P) DATE May 31/05

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ANGELINI, CHRIS
STREET ADDRESS 3127 W HALLANDALE BEACH BLVD #104
CITY-ST-ZIP PEMBROKE PARK, FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Angelini (P) DATE May 31/05 786-286-9936